
TAG/Open Communication Forum

Frequently Asked Questions (FAQs)

07/13/2011

NOTE: Some questions were answered verbally during the webinar and were not recorded here. If your question is not listed here please review the recorded webinar or contact the organization your question was directed to:

- HCA-UMP question contact Elizabeth James at Elizabeth.james@hca.wa.gov
- HCA-Medicaid use contact us at <https://fortress.wa.gov/dshs/p1contactus/> and address to the specific speaker.
- L&I go to <http://www.lni.wa.gov/Main/ContactInfo/ClaimsIns/Provider.asp> for a list of contact information.

NOTE: Since the 3 non-emergency ER visits per year has not become rule yet we are not able to address those questions at this time.

Q: Are you on slide 23 about Medicaid hospital rates?

A: Yes. The slides for this section have been added to the posted presentation.

Q: Will these HCA slides be available after the meeting? They were not included in the slides distributed prior to the meeting.

A: Recorded Webinar and the powerpoints will be posted at:

<http://hrsa.dshs.wa.gov/provider/webinar.shtml>

Q: What is your status regarding the EDI 5010 transition for Jan 1, 2012?

A: "We are working toward implementation of HIPAA 5010/NCPDP D.0 in alignment with the Nationally mandated compliance date of January 1st, 2012. We have completed initial gap analysis work and are currently developing the system changes necessary to support the implementation of the new versions of HIPAA 5010 and NCPDP D.0. User Acceptance Testing is underway internally and testing with our external partners will be available in the future. Technical specification documents are available for 5010 and D.0 transactions on our HIPAA Homepage at <https://hrsa.dshs.wa.gov/dshshipaa/> Please continue to monitor the HIPAA Homepage for future information regarding the formal test period with our external partners."

Q: What is the update on when regence will be current with ump claims?

A: We will forward this on to Elizabeth or you can email her directly and ask this specific question.

Q: How can we get a copy of the presentation slides?

A: PowerPoint available at the following link: <http://hrsa.dshs.wa.gov/provider/webinar.shtml> and the presentation slides can only be posted online in a PDF format.

Q: If the Medicare cross over claims are not received, why can we not bill them electronically? I heard it has to do with Medicare rules and the clearing house (CH) we use? Just wanted definite information.

A: You can email Elizabeth James concerning this for HCA information. As far as billing Medicaid, we do offer the Direct Data Entry (DDE) feature to send X/O claims in electronically. If your CH can send in claim type "crossover" then you can bill them electronically that way also. However our experience has been those claims usually come in as COB claims not cross overs and we deny to bill Medicare.

Q: Are these prices available on L&I web site?

A: Yes

Q: Thanks for continuing to prepare these informative comparative analyses. Can these slides be made available as individual pages, rather than part of a larger pdf document?

A: We probably can get this done for you. We will get back with you on it. Thanks Bob

Q: Here's a question for later - We're having trouble figuring out what GAU will cover vs CNP with physical therapy. Not sure where at in this program that would be covered.

A: I am not sure if this will be specifically talked about in this webinar but we can touch base with you afterwards directly.

Q: What did you say the outpatient reduction was?

A: 7% red for PPS - 36.83% increase is now 27.25%

Q: What are the HB#s?

A: 2069 for 2011, 2956 for 2010

Q: What is effective date of HB 2068 reductions? In other words when the rates are approved what date will be utilized to determine retroactivity?

A: HB 2069 is for dates of service 7/1/11 and after

Q: Was CF decrease impact mitigated by CMS RVU changes?

A: Yes

Q: Are the RHC encounter rates also changing?

A: For RHC providers please contact Irina Lusby at 360-725-1882.

Q: Can you tell me how we get the eye exam's and refractions paid for ? There was some other company that was involved?

A: For Medicaid clients nothing has changed as far as billing for these services.

Q: We are noticing a huge decrease in the preventive codes for children. What conversion factor is being used for 99391-99394?

A: You can contact 360-725-1486 and they will be able to answer this for you

Q: Will/can the ProviderOne card be more specific as managed care plan, PCP noted on the card itself?

A: This can not be done because of HIPAA. You can get some of this information by doing a client eligibility check in ProviderOne.

Q: What's the web link on the Provider Training Webinar on billing patients?

A: Provider Relations webinar website: <http://hrsa.dshs.wa.gov/provider/webinar.shtml>

Q: If an adult Medicaid physical therapy client exceeds their unit limit per year, will the provider be able to bill the client?

A: You must apply for a Limitation Extension authorization first. See the new OP rehab billing instructions and see the recorded Billing the Client webinar
<http://hrsa.dshs.wa.gov/provider/webinar.shtml>

Q: We are a Pediatrician's office. We try very hard to schedule all well child visits at recommended schedule by AAP. Lately, most of our 18 month wcc visits are being denied by DSHS saying that 15 month wcc was paid and now 18 month is in excess of the limit! When contacting Medicaid we are told that there is a system glitch and we should keep these claims alive and try rebilling after few months. Please advise.

A: I am not sure that we follow the AAP schedule. Please review our EPSDT billing instructions at <http://hrsa.dshs.wa.gov/Download/BI.html>

Q: Now newborns are being covered on Mom's ID for 21 days only and not 60 days as before, but your customer service is still telling members that the babies will be covered for 60 days. This is causing a conflict between our eligibility staff and our clients. Please educate your customer service to give out current and correct information to clients. Thanks

A: Medicaid allows 60 days however some of our Healthy Options plans may have a different time schedule. Contact your plan if you have additional questions.

Q: It is my understanding that baby on Mom's client ID for 60 days if Mom has CNP, but if Mom has Managed Care, then it is only valid for 21 days?

A: Medicaid is 60 days but the plans may allow different times. Check with the plan to confirm.

Q: We continue to be told by the claims customer service staff that there is no appeal process. How are we to protest/dispute an incorrect denial?

A: Please email your question and claim information to <https://fortress.wa.gov/dshs/p1contactus/> and while this is not considered an "appeal process" here, it is a way to resolve claim disputes.

Q: We are seeing some takebacks for previously paid hospital claims denied for taxonomy. Is there still a problem with only the first four of the taxonomy being read?

A: Some older claims (paid before the taxonomy requirement) being adjusted for rate updates did takeback payments in error. Those claims should have been repaid.

Q: When you need both notes "Electronic TPL" and "SCI=B" on a batch claim, which note should go first?

A: Always put the "SCI=B" as the first comment then additional information.

Q: Who do we contact to get the provider attached to taxonomy code?

A: The taxonomy code should be attached on the provider file by your file maintenance staff in ProviderOne. If you are this person and need assistance you can contact our provider enrollment office at 800-562-3022 ext 16137.

Q: Who do we email to find out if we are one of those 'denied' claims?

A: You can contact Provider Relations at providerrelations@dshs.wa.gov

Q: I bill Suboxone out of our Chem Dep facility and every since Provider one has been in place I have nothing but issues. I have billed everything exactly right....issues with, Healthy Options, and DL. With a doc visit they also have a lab done....why cant we bill them together? under one taxonomy for Suboxone?

A: Christina, this has been an issue and is known about. We are working on this currently

Q: Back on 5010 and testing. Can you followup with more information on when testing will be available.? Providers/Clearinghouses need to be testing and time is getting short.

A: "We are working toward implementation of HIPAA 5010/NCPDP D.0 in alignment with the Nationally mandated compliance date of January 1st, 2012. We have completed initial gap analysis work and are currently developing the system changes necessary to support the implementation of the new versions of HIPAA 5010 and NCPDP D.0. User Acceptance Testing is underway internally and testing with our external partners will be available in the future. Technical specification documents are available for 5010 and D.0 transactions on our HIPAA Homepage at <https://hrsa.dshs.wa.gov/dshshipaa/> Please continue to monitor the HIPAA Homepage for future information regarding the formal test period with our external partners."

Q: We have had a problem with Medicare crossover's and Medicare Advantage plan EOB's getting read correctly. They are denying stating patient has other prime coverage. When we go into Provider one, the prime EOB information is listed, however is incomplete. How should we be re-keying these denials? When we follow your billing guidelines they are still getting denied stating has other prime insurance. How should we be marking the questions: "Does the patient have other coverage other than medicaid?" & "Is this a Medicare crossover claim".

A: There are two issues with these claims. Cross overs that come directly from Medicare, electronic and paper claims populate lots of fields in ProviderOne not needed to adjudicate the claim. When providers try to do a resubmit of these denied claims that information causes the resubmitted claims to trigger edits in ProviderOne and the claims seem to get denied for odd reasons. My suggestion is to DDE a new claim and not try to do a resubmit. If the client has a commercial insurance, answer the TPL question "Does the patient have other coverage other than medicaid?" Yes. If the client has Medicare or a Medicare Advantage plan the TPL question is answered "No" and you would answer "Yes" to the "Is this a Medicare crossover claim" question then fill in the Medicare information. Remember Medicare Advantage plan claims ARE cross over claims.

Q: Having a terrible time with denials for rendering provider ID. Where can I find these numbers for providers, especially new ones I just credentialed.

A: You can look up providers using Provider Inquiry in ProviderOne and you should be getting alert messages as to the status of just credentialed providers in your credentialing domain.

Q: Can you explain what the new ICD-10 is and what APR-DRG projects is?

A: ICD-10 are the new medical diagnosis codes and inpatient institutional procedure codes that are being implemented October 1, 2013. Questions about APR-DRG should be directed to the speaker if not answered live.

Q: Can you please clarify what you mean by HCA and Medicaid merging? What impact does that have on medical billers?

A: The Govenor and Legislature merged the Health Care Authority (HCA) and DSHS-Medicaid into one agency called the HCA. Billings for Medicaid will not be affected.

Q: Can you tell me how we get the eye exam's and refractions paid for ? There was some other company that was involved?

A: Medicaid still covers these services. See the optical section of the Physician Related billing instructions at http://hrsa.dshs.wa.gov/Download/Billing_Instructions_Webpages/Physician-Related_Services.html

Q: Do we need a specific waiver for Medicaid for pt to be billable?

A: Yes we do have a specific Medicaid form to be filled out and a copy given to the client before you can bill them. Please review the Billing the Client webinar or presentation slides at <http://hrsa.dshs.wa.gov/provider/webinar.shtml>

Q: Will website include encounter data from managed care plans?

A: We do have specific web sites for the managed care at <http://hrsa.dshs.wa.gov/healthyoptions/>

Q: Was that Medicaid or Molina for coverage under moms ID and when did that begin?

A: Medicaid and all managed care plans have had this provision for newborns. The time frame for the 60 day limit has been in effect a couple years now for Medicaid. Check with the plan for their specific information.

Q: It's great that you offer the Webinar list and the self help Webinars, but I only see a few on the website page I'm looking at. Are they in a central location?

A: Yes we have created a Webinar web page at <http://hrsa.dshs.wa.gov/provider/webinar.shtml>

Q: Sometimes providers are listed in Provider One as needing their license/certification updated but they do not expire until the end of this year & we are getting denials for rendering provider taxonomies. Does the website sometimes have technical difficulties with this?

A: Provider licenses usually do not expire at the same time at the end of the year. It is a good idea to check occasionally to see if your providers license is up to date and if not then you can update.

Q: It is difficult to find rules and guidelines on V diagnosis codes pertaining to denials. where can we get info on non covered diagnosis codes?

A: The Agency does not publish a list of covered diagnosis codes however for some specific services we do publish the diagnosis codes that apply for coverage for the service. Keep in mind the "V" diagnosis are generic in nature and usually do not describe a specific medical problem. "V" codes billed as the primary could cause claim problems.

Q: Is there a clear and concise list of non-covered services you can provide so our organization will be proactive about having patient's sign waivers? We are finding the services that are not covered are taking us by surprise and we must write off the denied amount. We would like to be on the ball about making sure waivers are signed.

A: We do publish the professional services fee schedule and codes not covered are indicated on these fee schedules. Be sure to review the "Billing the Client" webinar also at <http://www-stage.medicaid.hca.wa.gov/provider/webinar.shtml>

Q: Where can we find the interpreter information?

A: Go to our Interpreter services web site at <http://www-stage.medicaid.hca.wa.gov/InterpreterServices/>